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Middle School Student Intake Form – Confidential

Patient Name: _____

Birth Date: ____ / ____ / ____ Age: _____

Address: _____

Patient Gender: Male Female Nonbinary Questioning

Parent/Guardian Name(s): _____

Best number(s) to reach you: _____

Email address: _____

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Parent Marital Status: Never Married Domestic Partnership Married Separated Divorced Widowed

Referred by (if any): _____

Has your child received any type of mental health services (psychotherapy, psychiatric services, etc.)?

Yes No

Previous therapist/practitioner and dates of service: _____

Reason for previous treatment: _____

Is your child currently taking any prescription medication (medical or psychiatric)? Yes No

Medications: _____

Prescribed by: _____ Phone#: _____

Does your family have any religious affiliation? _____

Does your child participate in sports, performing arts, fine arts, STEM, etc.?

What kind of student is your child?

What are their strengths (character as well as what you feel they are good at, not just academically, but all around – arts, athletics, activities)?

What do they love to do?

Please describe the challenges your child faces (academic, social, emotional, behavior):

Is there any history of mental health issues in your family?

At the present time, what are your main concerns? How can I help?